

STATE OF WEST VIRGINIA
 OFFICE OF THE CHIEF MEDICAL EXAMINER
 701 Jefferson Road
 South Charleston, West Virginia 25309

to fingers w/
 Scrappings, no subbs -
 mouth, anus
 head, ag. mom -
 knife

POSTMORTEM EXAMINATION RECORD

DECEDENT: Joseph Daniel Casolaro AGE: 44 SEX: Male RACE: WhiteADDRESS: 11626 Pinetree Drive, Fairfax, Virginia 22033PRONOUNCED DEAD: 8/10/91 Date 1:35 PM Time Sheraton Inn, Room 517, 301 Foxcroft Ave., Martinsburg, Berkeley Co., WV

MEDICAL EXAMINER NOTIFIED: _____ By _____ Date _____ Time _____

OR

COUNTY REFERRAL BY: Sandra Brining, R.N. Name Berkeley County 8/12/91 Date 11:55 AM TimeINJURY: 8/10/91 Date Morning Time hours Sheraton Inn, Room 517, 301 Foxcroft Ave., Martinsburg, Berkeley Co., WV PlaceREMOVAL OF BODY ORDERED BY James L. Frost, M.D., Deputy Chief Medical ExaminerBODY REMOVED FROM Brown Funeral Home Date 8/13/91 Time _____Place Martinsburg, West VirginiaBODY REMOVED BY Brown Funeral HomeBODY RECEIVED AT MORGUE 8/13/91 Date 9:00 AM TimePOSTMORTEM EXAMINATION 8/13/91 Date 9:30 AM Time Autopsy InspectionEXAMINATION PERFORMED BY James L. Frost, M.D., Deputy Chief Medical ExaminerBODY RELEASED TO Dering Funeral Home Date 8/14/91 Time 3:35 PMCAUSE OF DEATH: Exsanguinating hemorrhage from multiple incised wounds to the wristsMANNER OF DEATH: Suicide

Copy of Postmortem Examination sent to: (Person, Agency, Date)

Office of the Chief Medical Examiner, 701 Jefferson Road, South Charleston, WV 25309 - 5/29/92

Officer Shannon Armel, Martinsburg Police Department, 323 N. Queen Street, Martinsburg, WV 25401 - 5/29/92

Anthony Casolaro, M.D., 8012 Elm Place, Dunn Loring, VA 22027 - 5/29/92

Mrs. Diana Cook Risavi, Berkeley County Prosecuting Attorney, Berkeley County Courthouse, Martinsburg, WV 25401 - 5/29/92

STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
701 Jefferson Road
South Charleston, West Virginia 25309

POSTMORTEM EXAMINATION FINDINGS

Name of Deceased Joseph Daniel Casolaro

Case No. ME91-156

Date of Death August 10, 1991

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, well-muscled, adult white male whose appearance is consistent with the reported age of 44 years and which measures 68" in length and weighs an estimated 170-175 pounds. Configuration of the body is unremarkable. Rigor mortis is well-established throughout. Livor mortis is slight, dark red to blue, posterior and fixed. Body temperature is cold. There is no clothing on or accompanying the body. The body has previously been embalmed by arterial perfusion and trocar injection; a 1" long diagonal sutured embalming incision is at the base of the anterior aspect of the right neck at the junction of the neck with the medial top of the shoulder immediately posterior to the clavicle, a similar 1 1/8" long embalming incision is in a mirror image location at the base anteriorly of the left neck, and a 4" long diagonal sutured embalming incision is on the proximal-most left upper leg over the proximal femoral canal; and a white plastic trocar embalming button is in the medial aspect of the left upper quadrant of the abdomen just above the umbilicus. Hair on the head is red with 80% graying, - straight, and up to 7 1/2" in length. There is no abnormal discharge from the ears; the pinnae are unremarkable. Eyecaps are in place beneath the eyelids; these are removed; the conjunctivae and sclerae show no hemorrhages or other lesions and appear entirely normal; corneas are slightly clouded due to postmortem changes related to embalming, irides are blue, and pupils are 0.4 cm in diameter. Nasal skeleton is intact. The teeth are natural and in good repair; the jaws are wired shut as part of the embalming; the wire is cut to examine the lips and teeth and mouth. There are no lesions on the external or internal aspects of the lips or on the opposing anterior and lateral aspects of the gingiva of the maxilla and mandible. There is faint green postmortem discoloration of the skin on the lower aspect of both orbits, and in a contiguous area that covers the tip of the nose, the right side of the upper lip, the right side and the medial aspect of the left side of the lower lip, the chin from just left of the anterior midline onto the right cheek and the medial aspect of the right cheek from just above the level of the ala nasi down to the border of the mandible. There are multiple red freckles over the face, neck, upper anterior chest, shoulders, and entire posterior chest. Two recent postmortem needle puncture sites are on the lower anterior medial left chest at the level of the lower end of the sternum just to the left of the left sternal border. The pubic hair is red. The penis is circumcised and not otherwise remarkable. Testicles are in the scrotum and not otherwise remarkable. The anus is unremarkable. The skin on the medial aspect of

72 hours later

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Joseph Daniel Casolaro
Page 2*Fingernails
grapings*

the right and left upper arms and lower arms and on the backs of the hands has a pink coloration due to embalming. The nails of the right 1st, 2nd and 3rd fingers are chewed; no other fingernails are chewed. An old longitudinal scar is on the right leg: the upper end of the scar is approximately one-third of the way below the level of the symphysis pubis to the knee and is on the anteromedial aspect of the proximal upper leg; it courses distally and medially past the medial aspect of the knee; to this level the scar is $7 \frac{1}{4}$ " in length; at the level of the knee the scar divides with a $6 \frac{1}{4}$ " long segment continuing distally and curving medially to end on the anterior aspect of the lower leg at a level approximately one-third of the way below the knee towards the ankle, and a second short segment divides from this just described $6 \frac{1}{4}$ " portion and extends distally on the anteromedial aspect of the proximal lower leg for a length of $1 \frac{1}{2}$ ". A body tag with "Joseph Casolaro" on it is attached to the right 1st toe. Several irregular tiny red spots are in a $1 \times 1/16$ " area on the top of the right 5th toe. A blue-red area $1/4 \times 5/16$ ", consistent with slight discoloration due to embalming or to a contusion, is on the lateral aspect of the right hip at a level just above the gluteal fold. A faint blue area $1/2 \times 5/8$ ", consistent with discoloration due to embalming or possibly due to a contusion is on the posterolateral aspect of the lower right buttock. Faint blue-black discoloration due to embalming is in an approximately 2×1 " area at and below the middle and right lateral end of the right gluteal fold. A faint blue spot $3/16 \times 1/16$ ", suggesting discoloration due to embalming or possibly due to a contusion, is on the lateral aspect of the proximal portion of the left hip just below the iliac crest. A red spot $1/8 \times 1/32$ ", of similar origins, is on the proximal posterior aspect of the left hip immediately posterior to the just described blue spot. A $1/32$ " diameter red spot is on the sole of the left foot on the medial aspect of the heel; the skin is intact at this site; this site does not appear to be a needle puncture site. There are no needle tracks or scarred veins. No fresh antemortem needle puncture sites are found.

EVIDENCE OF INJURY

Contusion: A faint blue contusion $1 \times 1/4$ " is on the anteromedial aspect of the distal left upper arm over the biceps muscle.

Incised Wounds:

The incised wounds on the wrists have been sewn closed in the course of the embalming. The string used to close the wounds is removed and the wounds opened.

Right Wrist: There are two large deep incised wounds on the flexor surface of the right wrist both diagonal from distal on the thumb side to proximal on the little finger side. The thumb side end of the distal wound is $1 \frac{1}{2}$ " proximal to the most distal transverse crease on the wrist at the heel of the hand. The thumb side end of this cut has three portions which converge at almost the center of the flexor surface of the wrist; the most distal of these is $3/4$ " in length, the next proximal is $3/4$ " in length and it joins the just described and most distal one, and the third or most proximal is $1 \frac{1}{2}$ " in length; from the point where these portions of this

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incised wound join the remaining portion of the incised wound is 1 3/4" in length. Near the little finger end of this incised wound on its distal edge is a 1/4" long additional cut extending to the little finger side; maximum length of this incised wound is 3 1/4"; the wound is deepest at the center of the flexor surface of the wrist and to the little finger side where it is 1/2" deep; this incised wound is at approximately right angles to the skin surface in its thumb side and tangential from distal to proximal towards the little finger side; in its depths there is a 1/8" round structure with a 1/8" outside diameter which has been cut across and which has the appearance of an artery. This cut could represent a total of three separate incised wounds which have joined or are in the same plane at the center of the flexor surface of the wrist and to the little finger side. The other incised wound on the flexor surface of the right wrist is more diagonal from distal to proximal, is 7/16" away from (proximal to) the first described incised wound on the thumb side of the wrist, is 2 3/4" long, is 5/8" in greatest depth and is tangential from distal to proximal from the skin surface to its greatest depth. Both of these incised wounds extend deep into the subcutaneous soft tissue to tendons. There is extensive hemorrhage in all of these wounds.

Left Wrist: These incised wounds are all transverse with essentially no diagonal although the proximal two are slightly curved-wavy. They will be described in sequence from distal to proximal. The thumb side end of the distal-most wound is 3/8" proximal to the skin fold at the heel of the hand next to the proximal-most portion of the thenar and hypothenar eminences and is at the level of the first skin fold proximal to the thenar-hypothenar eminence level, has three branching or forked portions on the thumb side, the distal of these three branch portions being 1" in length, the next proximal being 3/8" in length and the proximal of these three forked portions being 7/8" long. From where these portions join the incised wound is 1 7/8" long to the little finger side end where the wound forks or divides into a proximal and distal portion which are each 1" long; in the depths of this wound there are two cuts 1/4" apart; greatest depth of this wound is 3/8" towards the little finger side of the hand; the wound is tangential through the skin from proximal to distal. This incised wound represents three individual wounds which have joined at the center of the flexor surface. Immediately distal to this just described wound, in a position at the center of the flexor surface of the wrist is a scratch line-extremely superficial cut in the epidermis of 1 3/8" length which extends to and ends in the thumb side of the immediately distal and just described incised wound. The next proximal incised wound is 3/8" more proximal on the wrist, 2 1/8" long, and is 1/4" in maximum depth, and goes through the tissues at right angles to the skin surface. The next proximal incised wound is 1/8-3/16" more proximal on the wrist, is 2" long, and 3/16" in maximum depth, and extends through the tissues at right angles to the skin surface. The next proximal incised wound slightly irregular-wavy, from 5/16" to 1/8" in different portions proximal to the previously described incised wound, has a forked or divided thumb side end with a tongue of skin 7/8" long on the distal side and 3/8" long on the proximal side with a slight bending (curving) of the contour of the thumb side of the wound at the site of this tongue or fork of epidermis, is 2 7/8" in total length, 7/16" in maximum depth at its center, and tangential through the skin into the deeper tissues from distal to proximal. The most

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proximal of the incised wounds varies from 3/16" to 5/16" proximal to the immediately previously described incised wound, is 2" long, 3/4" of that length on the little finger side being a scratch in the epidermis, with the greatest depth of this incised wound 1/2" at its center; it extends through the skin and deeper tissues at right angles to the skin surface. In the deep tissues of the incised wounds there is a segment of severed tendon between the distal incised wound and the next proximal incised wound. There is extensive hemorrhage in all of these incised wounds.

INTERNAL EXAMINATION

Head: Reflected scalp reveals a soft black area of blood in a small blood vessel and extravasated from it in a 0.6 x 0.3 x 0.1 cm area in the left superior frontal region; a faint 0.15 cm dark blue-black area is seen beneath the epidermis overlying this; the epidermis of the scalp is intact and unremarkable. The galeal tissues are not otherwise remarkable. Calvarium and base of the skull, dura, dural sinuses and pia-arachnoid are unremarkable. Weight of the brain is 1420 grams. Arteries at the base of the brain are free of arteriosclerosis and other lesions and appear to form a symmetrical circle of Willis. The brain is well fixed by embalming. External aspects of the cerebral hemispheres, mesencephalon, pons and medulla are unremarkable. The brain is further described in the Neuropathology Report. Blood

Neck: Cervical spine, soft tissues, hyoid bone, laryngeal cartilages and laryngeal mucosal surfaces and laryngeal opening are unremarkable.

Body Cavities: There are multiple trocar injection sites throughout all organs with the exception of the urinary bladder which is intact and which contains an estimated 70 cc of pale yellow urine. The right chest contains 8 cc of embalming fluid and old fixed blood and the left chest contains 540 cc of similar fluid. Pleural and peritoneal surfaces are remarkable only for the trocar incisions and for changes secondary to the embalming fluid. No antemortem lesions are seen. The lungs fill the pleural spaces. Organs are in normal positions. The trocar holes will not necessarily be described again for each organ system or organ.

Cardiovascular System: The pericardium is delicate and is remarkable only for two postmortem needle puncture sites on its anterior aspect and the trocar holes. The heart is normal in size and shape; it weighs 360 grams. The epicardium is delicate and is also remarkable only for two postmortem needle puncture sites on its anterior aspect over the right ventricle and the trocar penetration sites. The coronary ostia are normally located and widely patent. The right coronary circulation is predominant. Throughout the coronary arteries there is slight arteriosclerosis due to eccentric fibrofatty and fibrous plaques producing very slight narrowings of the lumens; in addition there are the following foci of moderately severe to severe narrowing: in the right coronary artery in the proximal third there is a focus of 50% narrowing, in the middle third a focus of 55-60% narrowing and in the distal third a focus of 50% narrowing; in the left main coronary artery at the site of bifurcation into the anterior descending and circumflex branches there is a focus of 40% narrowing, in the left anterior descending in the proximal third there

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are two foci of 75% narrowing and in the middle third a focus of 75-80% narrowing. Myocardium, endocardium and valves show only changes due to the embalming. Chambers are of normal size and thickness. The great vessels arise from and return to the heart in a normal manner. The aorta is of normal and uniform size throughout. The aorta is free of arteriosclerosis and other lesions. Major aortic ostia are normally located and widely patent. Major arteries arising from the aorta are unremarkable, with the exception of the arteriosclerosis previously described in the coronary arteries. The aorta shows no antemortem lesions. Venae cavae and tributaries show no antemortem lesions.

Respiratory System: The lungs are expanded and almost completely fill the pleural spaces. Weight of the right and left lungs combined is 920 grams. Pulmonary artery and tracheobronchial tree show no antemortem lesions. The parenchyma of the posterior aspects of the upper and lower lobes is slightly congested and are moist due to the embalming fluid. The anterior portions of the upper and lower lobes are a pale tan-gray color. No antemortem lesions are seen within the lung parenchyma.

Alimentary Tract: Tongue, posterior pharynx and esophagus show no antemortem lesions. Stomach shows no antemortem lesions. The stomach contains 20 cc of mucus with bits of food some of which may be small pieces of white potato and one piece of which is a tiny shred of red tomato skin; no unusual or abnormal substances are seen within the stomach contents which smell of embalming fluid. Mucosal surfaces and wall of the stomach show no antemortem lesions. The small and large intestines and rectum show no antemortem lesions.

Biliary System: The liver is normal in size and shape; it weighs 1850 grams. The capsule is delicate and shows no antemortem lesions. The parenchyma is pale in its periphery and throughout the right lobe due to embalming, while the more central portions of the right lobe are softer and dull red due to less extensive embalming. The gallbladder has been perforated by the trocar embalming; it is not otherwise remarkable. Extrahepatic bile ducts are unremarkable.

Pancreas: There are no antemortem lesions.

Spleen: Size and shape are unremarkable; weight is 145 grams. The capsule shows no antemortem lesions. The parenchyma is pale but shows no other antemortem changes.

Lymph Nodes: Unremarkable.

Urinary Tract: Extrarenal arteries and veins show no antemortem lesions. The kidneys are normal and equal in size; the right weighs 170 grams, the left 180 grams. Capsules strip with ease revealing smooth cortical surfaces. The kidneys are well fixed by the perfusion embalming. The parenchyma of the kidney in the cortices, medullae and papillae is markedly pale due to the fixation but not otherwise remarkable. Calyces, pelvis, ureters and bladder show no antemortem lesions.

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Endocrine System: Pituitary gland shows no antemortem lesions. The thyroid gland is slightly pale but not otherwise remarkable. The adrenal glands show no antemortem lesions.

Reproductive System: Prostate, seminal vesicles and testicles show no antemortem lesions.

Musculoskeletal System: No antemortem lesions are seen. Vertebral marrow is firm and red.

RADIOLOGIC EXAMINATION

The entire body was fluoroscoped prior to autopsy. No missiles or portions of sharp penetrating objects are seen. The only metallic objects seen are the posts and wires used to secure the jaws closed in the embalming process.

MICROSCOPIC EXAMINATION

Coronary arteries (1): Moderately severe arteriosclerosis with narrowings up to 75-80%.

Heart (9): Slight focal interstitial fibrosis in apex of right ventricle. Slight focal postmortem drying-coagulation of epicardium of right atrium.

Lungs (4): Slight focal postmortem changes. Focal atelectasis. Slight focal emphysema.

Liver (1): Slight microvesicular fatty change, slightly greater in central zones. Scattered enlarged hepatocyte nuclei and occasional binucleate hepatocyte.

Spleen (1): Unremarkable.

Gastroesophageal junction (1): Moderate submucosal chronic inflammation.

Stomach (2): Focal deep mucosal chronic inflammation.

Small intestine (1): Unremarkable.

Colon (1): Unremarkable.

Pancreas (1): Postmortem autolysis.

Kidneys (2): A few small subcapsular foci of slight interstitial chronic inflammation and slight tubular atrophy. Focal mineralization in papilla.

Pituitary (1): Unremarkable.

Thyroid (1): Unremarkable.

Adrenals (1): Slight cortical nodularity.

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Skeletal muscle (1): Unremarkable.

Vertebra-bone marrow (1): Unremarkable.

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DIAGNOSES

1. Exsanguinating hemorrhage, due to #2.
2. Multiple incised wounds of the wrists.
3. Multiple sclerosis.
4. Focal moderately severe arteriosclerosis, coronary arteries.
5. Single focus of slight interstitial fibrosis, apex of right ventricle of heart.
6. Incidental xanthogranuloma of choroid plexus.
7. Mild nonspecific hepatocellular unrest. *Lead to present abdominal history*
8. Focal chronic inflammation, gastroesophageal junction and stomach.
9. Status post embalming.

OPINION

Joseph Daniel Casolaro, a 44 year old white male died of exsanguinating hemorrhage from multiple incised wounds of the wrists. In consideration of the history, investigation, findings at the scene, findings at autopsy and toxicologic studies, the manner of death is considered to be suicide. If more information is found regarding the circumstances surrounding the death and is made known to me, I will review it and amend the manner of death if it is indicated.

James L. Frost, M.D.
James L. Frost, M.D.
Deputy Chief Medical Examiner

TOXICOLOGY

Blood: Ethyl alcohol 0.04%. Positive for a tricyclic antidepressant (trace amounts, too small to determine which specific tricyclic antidepressant or to quantitate). Positive for opiates (trace amount, too small to quantitate). Positive for acetaminophen (trace amounts, too small to quantitate). Negative for barbiturates, chlordiazepoxide, diazepam, diphenylhydantoin, glutethimide, meprobamate, cocaine, methaqualone, phencyclidine (PCP), propoxyphene, norpropoxyphene, benzodiazepines, marijuana and amphetamine. No other common acidic, basic or neutral drugs detected except as noted. Carbon monoxide saturation normal.

Urine: Positive (trace amounts, too small to quantitate) for an opiate, hydrocodone, acetaminophen and a tricyclic antidepressant. Negative for benzodiazepines, cocaine, marijuana, barbiturates, amphetamine, chlorinated hydrocarbons, pancuronium, tubocurarine, decamethonium, succinylcholine and lysergic acid diethylamide (LSD). No other common basic drugs detected.

Liver: Positive (trace amounts, too small to quantitate) for tricyclic antidepressant and acetaminophen. No other common basic drugs detected. Negative for opiate, amphetamine, heavy metals, cyanide, fluoxetine and promethazine.

Vitreous humor: Approximately 5 uIU/ml insulin. Glucose 115 mg%.

Wine: No common acidic, basic or neutral drugs detected.

*Food from
independent
notable
dishes
prior to suicide
likely to have been
eaten*

*"Fruit
salad"
potato
salad
hot dogs
hot dogs
hot dogs*

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ADDITIONAL NOTE REGARDING INCISED WOUNDS OF WRISTS

The appearance of the incised wounds on the wrists after being sewn closed and embalmed and then the stitches removed, is different from their appearance as originally found and shown in photographs of the wrists taken at that time.

This note is a description of the incised wounds as seen in the photographs.

Right distal forearm and wrist:

Both are diagonal from thumb side-distal to little finger side-proximal, in nearly the same diagonal, both on the flexor surface.

The distal wound has three diverging/converging portions at the end on the thumb side, of at least $7/16"$, $1"$ and $13/16"$ length respectively; these three join to the one deeper longer wound. This wound represents three separate cuts that join into one wound except for the thumb side end of the wound.

The ends of all these wounds are pointed.

There are at least four wounds on this side.

Left distal forearm and wrist:

All wounds are essentially transverse. In the most distal wound there are three separate portions at the end on the thumb side and two separate portions at the end on the little finger side. The three portions of the end of the thumb side are at least $1/2"$, $9/16"$ and $13/16"$ respectively. This represents three wounds.

A scratch cut diverges from/extends to the little finger end of the distal wound.

The next two wound proximally on the wrist have a slight curved portion toward the little finger end.

The next wound proximally on the wrist has a short curved portion towards the thumb side.

The most proximal cut is the shortest cut and is at least $1 9/16"$ long.

All cuts are pointed at all ends.

Lengths cannot be accurately measured in the two dimensions of the pictures of both sides because the wounds extend onto medial and/or lateral sides of the forearm-wrist which are curved/rounded.

James L. Frost, M.D.
James L. Frost, M.D.
Deputy Chief Medical Examiner

NEUROPATHOLOGY REPORT

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GROSS EXAMINATION: Large portions of dura are available for examination. These include left and right dural leaves, falx cerebri, tentorium cerebelli and dura from the floor of the cranial fossa. No antemortem abnormalities are evident in these dural structures. The sagittal sinus has been previously opened and is free of thrombus.

The brain weighs 1424 grams after prior embalming. The cerebral hemispheres are roughly symmetrical. The leptomeninges are very slightly thickened on both sides of the interhemispheric fissure. The leptomeningeal blood vessels have been perfused free of blood. The subarachnoid space is free of grossly discernible hemorrhage or exudate. The gyri and sulci are of approximately normal proportions and have a normal distribution. The cingulate gyri, mammillary bodies and brain stem are in the midline. The cerebellar tonsils are slightly increased in prominence. There is no hemorrhage or necrosis in the grooves formed by the foramen magnum. Both unci are grooved. The left is grooved approximately 0.4 cm lateral to its medial surface while the right is grooved approximately 0.3 cm lateral to its medial surface. There is no hemorrhage or necrosis in the depths of these grooves. The vessels at the base of the brain form an essentially normal circle of Willis. No saccular aneurysms are present. There are virtually no arteriosclerotic changes in the walls of the vessels at the base of the brain. No abnormalities are evident grossly among the cranial nerves.

Multiple coronal sections of the cerebral hemispheres demonstrate the cortex to be of average thickness and intact throughout. Demarcation between cortex and white matter is generally distinct. Scattered throughout the white are multiple foci of demyelination. These range from 0.8 x 0.5 cm down to 0.3 x 0.3 cm in diameter. The lesions are found in both subcortical and central white matter. Some of the lesions cross the junction between cortical gray and subcortical white matter. Other lesions that are more irregular in shape are situated at the angles of the lateral ventricles. The nuclear components of the basal ganglia are distinctly demarcated from one another and appear intact. The ventricular system is of approximately normal size. The lateral angles are mildly rounded. The ependymal surfaces are smooth and glistening. There is a nodular xanthogranuloma measuring approximately 0.5 cm in diameter within the choroid plexus of the right atrium. The walls of the third ventricle and mammillary bodies are grossly intact. The hippocampi and lateral geniculate bodies are grossly intact.

Multiple transverse sections of the brain stem demonstrate the aqueduct and fourth ventricle to be patent and of a normal configuration. The substantia nigra and loci caerulei are normally pigmented. There is a small area of

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demyelination measuring approximately 0.3×0.2 cm immediately ventral to the aqueduct and to the left of the midline in the mesencephalon. There is an area of demyelination measuring approximately 0.8×0.3 cm within the midline of the rostral pons. There is an ill-defined area of faint discoloration beneath the floor of the fourth ventricle within the midportion of the medulla. Sections of cerebellum demonstrate distinctly demarcated central nuclei. No grossly discernible foci of demyelination are evident within the cerebellum. The cerebellar folia including the folia of the vermis are grossly unremarkable.

GROSS NEUROPATHOLOGICAL DIAGNOSES:

1. Multiple sclerosis.
2. Incidental xanthogranuloma of choroid plexus.

MICROSCOPIC: The leptomeninges are thin but in areas have collections of arachnoid cap cells on the outer surface. The majority of the leptomeningeal blood vessels have been perfused free of blood. There are a small number of mononuclear cells consisting predominantly of lymphocytes within the subarachnoid space. The neocortical lamination is unremarkable. Pericellular and perivascular spaces are not significantly enlarged. The neocortical lamination is unremarkable. There are scattered foci of demyelination within the subcortical and central white matter. The interior of these lesions is sparsely cellular and contains predominantly reactive astrocytes. The periphery is somewhat more cellular due to the presence of small mononuclear cells. Some of the vessels in and about the demyelinated plaques are cuffed by mononuclear cells. The demyelinated foci adjacent to the angles of the lateral ventricles are accompanied by vessels that are surrounded by especially prominent cuffs of mononuclear cells. Sections of the hippocampi demonstrate these structures to be intact. There is no evidence of sector necrosis or prior hippocampal sclerosis. A section of the left lateral geniculate body demonstrates this structure to be distinctly laminated. These neurons contain modest quantities of lipofuscin. There are prominent areas of demyelination adjacent to the left and right temporal horns. A section of the basal ganglia demonstrates the nuclear components of these structures to be intact. Vessels penetrating the basal ganglia generally have thin walls. There are foci of demyelination within the internal capsule. A section of the hypothalamus demonstrates intact neuronal nuclei in the walls of the third ventricle. The mammillary bodies are unremarkable. There are foci of demyelination adjacent to the third ventricle. Vessels in the vicinity of these demyelinated foci are accompanied by abundant mononuclear cells.

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Sections of brain stem disclose intact, normally pigmented neurons within the substantia nigra and loci caerulei. In the mesencephalon, there are foci of demyelination beneath the aqueduct and extending ventrally in the midline. At least one additional focus of demyelination is present in a crus cerebri. In the pons, there are foci of demyelination beneath the floor of the fourth ventricle, and in the midline of the pontine tegmentum. Additional foci of demyelination are present within one superior cerebellar peduncle. In the medulla, there are foci of demyelination beneath the floor of the fourth ventricle, within the medullary tegmentum and within the medullary pyramids. A section of cerebellum demonstrates an intact central nucleus. The cerebellar folia are unremarkable.

FINAL NEUROPATHOLOGICAL DIAGNOSES:

1. Multiple sclerosis. TX2000 : D8871
2. Incidental xanthogranuloma of choroid plexus (gross).
TX1910 : M44040

Sydney S. Schochet, Jr., M.D.

James L. Frost, M.D.

9/4/91

lsk

Name Justine Daniel Cesalino

Date 8/13/41

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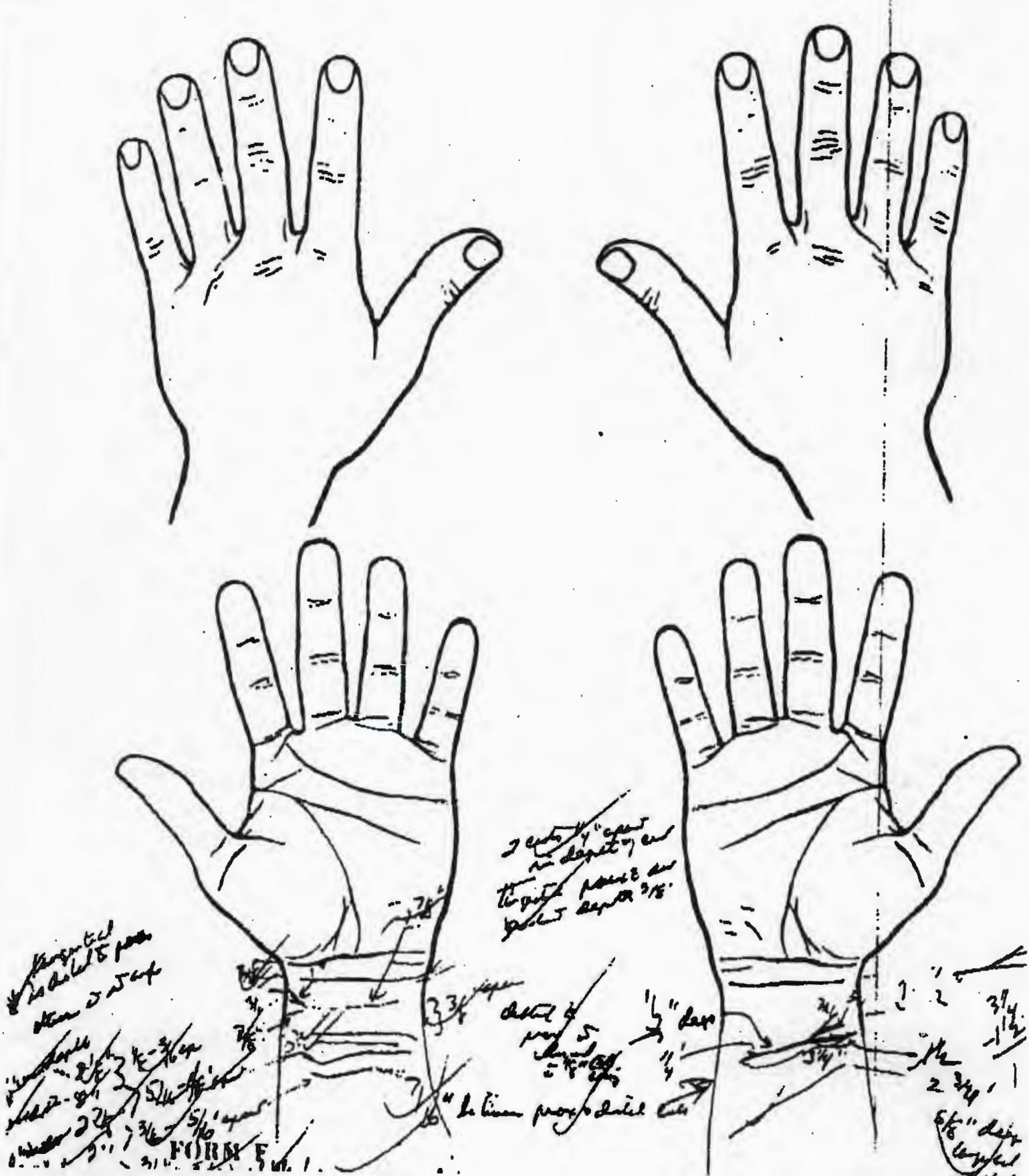
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Case No.

Autopsy No 415-9415

CASE NO. 1L-91-156

NAME Grace Carter



PRESS RELEASE
August 15, 1991

On Saturday, August 10, 1991, The Martinsburg City Police Department, rescue personnel, and Berkeley County Medical Examiner Sandra Brining, were called to the Sheraton Martinsburg Inn, room 517. Upon entering the room, the individuals found the body of Joseph Daniel Casolaro, 44, of Fairfax, Virginia. The body was found in the bathroom, in the tub, with numerous cuts to the wrist area of both arms. Upon examination of the body, the Medical Examiner determined that the death was a result of a suicide. After further examination of the scene, the Coroner released the body to Brown's Funeral Home.

The Martinsburg City Police Department immediately contacted the Fairfax County Police Department, to assist in locating the family of the deceased. When no affirmative response was received from the Fairfax County authorities, by Monday, August 12, 1991, attempts were then made by The Martinsburg City Police Department, who were successful in locating family members. At that time, due to the large number of reports received by the investigating team concerning the nature of the deceased's work, it was determined that further investigation into the death was warranted.

Investigation of the scene showed no sign of forced entry to the room, or any sign of a struggle. Investigative personnel interviewed numerous individuals who may have had contact with the deceased on the days previous to his death.

On Tuesday, August 13, 1991, the body of the deceased was transported to West Virginia University Hospital in Morgantown, for an autopsy to be performed. The findings of Deputy State Medical Examiner, Doctor Jack Frost, who performed the autopsy, were that there were numerous cuts to both wrists. These cuts were of a depth to cause extensive bleeding. There were no other contusions, lacerations, or other trauma to the body that would indicate a struggle. The examination further revealed that the deceased was suffering from Multiple Sclerosis. Results of all of the toxicology studies are yet to be completed, however, there was no alcohol found in the blood. In the opinion of Doctor Frost, the embalming of the body did not hamper the performance of the autopsy. The cause of death listed on the death certificate is "exsanguinating hemorrhage" due to "multiple incized wounds of the wrists".

The investigation continues, however, at this time, no information inconsistent with the original theory of suicide has been found.

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PRESS RELEASE

On Saturday, January 25, 1992 the Martinsburg City Police Department, the West Virginia State Medical Examiner's Office, the Berkeley County Medical Examiner and the Berkeley County Prosecuting Attorney's Office concluded their investigation into the circumstances surrounding the death of Joseph Daniel Casolaro, 44, of Fairfax, Virginia. Consistent with the original theory of the manner of death, Deputy Chief Medical Examiner Dr. James L. Frost has ruled the manner of death to be suicide.

Over 1,000 man hours have been expended by the Martinsburg City Police Department in investigating various and numerous theories suggesting Daniel Casolaro was murdered. No facts were developed to support or confirm these allegations. Furthermore, the physical evidence recovered at the scene and the home of the deceased together with the medical examination of the body are wholly consistent with the finding of suicide.

The following physical evidence was observed or recovered at the scene:

1. There was no evidence of forced entry.
2. There was no evidence of a struggle.
3. The clothing of the deceased was neatly arranged without sign of theft, disarray or disturbance.
4. Occupants of adjoining rooms who were located and interviewed by police reported no sounds of a disturbance, no raised voices, and no calls for assistance.
5. A suicide note was found at the scene and stated the following:

"To my loved ones,
Please forgive me--most especially
my son--and be understanding. God
will let me in."

6. The West Virginia State Police Crime Lab examined this document and concluded that the writing on the note was prepared by the deceased. An ink pen found near the legal pad upon which the note had been written was examined to determine whether its ink was consistent with the ink of the suicide note. Forensic analysis found no differences in the ink used to prepare the note and the ink in the pen.

7. A single latent fingerprint was lifted from the legal pad and analysis of the print determined it to be the right thumb print of the deceased.
8. Two latent prints were lifted from the bathroom sink and were identified to be the left index and left middle finger prints of the deceased.
9. Two latent prints were lifted from the driver's window of the vehicle of the deceased and were identified to be the left index and left middle fingerprints of the deceased.
10. One unidentifiable latent print was lifted from the bottom of an unused ashtray in the hotel room.
11. A box of razor blades was located in the hotel room lying beside the suicide note. Four single edge razor blades were found in the box and one single edge razor blade was found in the bathtub with the deceased, thereby accounting for all blades originally packaged in the box.
12. Hair and fiber analyses were conducted on items recovered at the death scene. No evidence consistent with the theory of another individual being present in the room was developed.
13. Two bottles of Caves Alianca white wine were found in the hotel room. One unopened bottle was found in the luggage of the deceased. One half-full bottle was found on the bathroom floor. A later review of the wines stocked by the deceased in his home revealed two bottles of the same type of wine.
14. An empty prescription bottle for Vicodin, which had been issued to the deceased in 1987, was found in his luggage. Traces of the drug oxycodone, a component of the drug Vicodin, were identified in his blood.

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15. Two white tall-kitchen garbage bags were found in the bathtub with the deceased. Contained within his luggage was an opened box of a similar type of white Hefty trash bags. Two bags were missing from the box.
16. Two used shoestrings--one located in the bathtub water and one lying on the deceased's neck--were recovered at the scene. However, no signs of strangulation appeared on the body. Furthermore, an examination of the home of the deceased produced two sneakers that were missing shoestrings.
17. No journalistic or personal notes of the deceased were located in the hotel room or in his vehicle. Investigators and a canine unit searched both the interior and exterior areas of the hotel, including dumpsters, as well as an approximate one mile stretch of highway along Interstate 81 near the hotel.

The autopsy determined the cause of death to be exsanguinating hemorrhage from multiple incised wounds of both wrists. It also revealed extensive changes of multiple sclerosis in the brain and focal moderately severe arteriosclerosis of the coronary arteries. Toxicologic studies on blood specimens obtained by the county medical examiner shortly after the body was found and on urine obtained at autopsy revealed a low blood alcohol level, low levels of the components of Vicodin, a trace amount of a tricyclic anti-depressant. A source for the tricyclic anti-depressant has not been found. However, no substance that could have incapacitated the subject or rendered him unconscious was detected.

The embalming of the body following the initial scene investigation and examination of the body by the county medical examiner in no way hampered the subsequent autopsy and toxicologic studies.